CLAIMS STATUS INQUIRY (CSI) USER'S MANUAL

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On behalf of CIGNA Government Services, Jurisdiction C DME MAC EDI Services will continue to be provided by Palmetto GBA.

SECTION 1 – INTRODUCTION

Claim Status Inquiry (CSI) allows you to electronically check the status of production claims after they have passed the front-end edits and received claim control numbers (CCN). The information in this manual, along with the correct software and a Jurisdiction C-assigned RACF number, will enable you to use your computer to check the status of your production claims in Jurisdiction C's claims adjudication cycle.

For claims filed electronically, you will be able to locate your claim in the processing cycle after approximately three working days. Through CSI, you will know if your claim has been paid, has been denied, or is pending. If you are checking the status of pending assigned claims, there are additional screens available containing more detailed status information.

For both electronic and paper claims, payment information is available through CSI.

Claims Status Inquiry Overview

The four primary functions of Claims Status Inquiry (CSI) include general claim, pending claim, beneficiary eligibility, and financial.

GENERAL CLAIM INFORMATION

This function provides information about the status of all electronic claims submitted during the past six months (paper and/or electronic, assigned and/or non-assigned). See *Section 4 – Accessing General Claim Information* for additional information on this function.

PENDING CLAIM INFORMATION

This function of CSI provides information about pending claims that are under medical review or are being developed for additional information. Information available on pending claims includes claims that have been electronically transferred to other DME MACs, processed claims (e.g., paid or denied), and claims that received no payment because of deductible requirements or payment in full from another insurer(s). See *Section 5 – Accessing Pending Claim Information* for additional information on this function.

BENEFICIARY ELIGIBILITY INFORMATION

This function allows CSI-enrolled DMERC suppliers and their authorized billing agents to access beneficiary eligibility data. See *Section 6 – Beneficiary Eligibility Inquiry* for additional information on this function.

FINANCIAL INFORMATION

This CSI function will display the last three check dates made to you from Jurisdiction C, including the date, dollar amount, and number of checks in each payment. The information displayed is available for both assigned paper and electronically filed claims. See *Section 7 – Financial Status Inquiry* for additional information on this function.

Who to Call, Availability, and Hours of Operation

If you have a question about the software or about transmitting claims to Jurisdiction C, please call the Jurisdiction C Electronic Data Interchange (JCEDI) Technology Support Center toll-free at 1-888-613-9271 Monday through Friday from 8:00 a.m. to 5:00 p.m. (EST). Please be sure to identify yourself as a JCEDI supplier or billing service when you call.

If you have questions about correct HCPCS codes, claim payments, insurance crossover, or program policies, please call the Jurisdiction C Provider Service Center toll-free at 1-866-270-4909.

CSI is available Monday through Friday from 7:00 a.m. to 9:30 p.m. (EST) and Saturdays from 7:00 a.m. to 5:00 p.m. (EST). CSI and the JCEDI Technology Support Center are unavailable on the following holidays:

- New Year's Day
- Martin Luther King, Jr. Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Eve
- Christmas Day

Requirements for Performing Claim Status Inquiry

Before you can inquire about the status of your claims, make sure you have the following:

- Communications software (Passport) from Jurisdiction C that can connect you with Jurisdiction C's host computer, or vendor software that performs claim status inquiry.
- Your JCEDI-assigned RACF Number (begins with the letter D) and password.
- Your software vendor's user's manual (if applicable).
- This manual, which provides specific instructions on performing claim status inquiry.

***Note**: If you are using vendor software and have questions about how to perform CSI within that software, you must call your vendor for answers. JCEDI cannot answer questions regarding any vendor software!*

Troubleshooting CSI

While using the CSI function, you may encounter technical difficulty. These problems are often resolved quickly if you know what to look for when troubleshooting. Before calling the JCEDI Technology Support Center, be sure to check the following:

- When your CSI session is active, you should see "K-LCK" displayed in the bottom left corner of the screen. This display message indicates that your screen is active and ready to receive the next command. If "K-LCK" does not display, press **CTRL** and **R** together to reset the screen. If you try to use CSI without "K-LCK" displaying on the screen, the keyboard and/or screen may not respond. Pressing **CTRL** and **R** together should solve this problem.
- The problem outlined above may be a result of the **NUM LOCK** key (located on the right side of most keyboards, in the upper-left corner of the number keypad) being set, which can cause the CSI function to not perform as expected. If **NUM LOCK** is set, there may be a glowing light or another indicator showing on your keyboard. You **must** turn this off by pressing the **NUM LOCK** key.

If you continue to experience problems with CSI after resetting your screen and double-checking the **NUM LOCK** key, call the JCEDI Technology Support Center toll-free at 1-888-613-9271 and ask for Technical Support.

Additional Keystrokes to Remember

The following keys/keystrokes can be useful when using CSI:

Keystroke(s)	System Response
CTRL and C	Clears the current screen
CTRL and R	Resets the current screen
PF3	Exits the current screen and returns you to the previous screen
ESC	Clears the current screen
PF3 PF4 PF12 PF15 PF16 PF24 and Clear Screen (ESC)	Use of these keys from ELGB will end VPIQ. You must then reenter the system (type VPIQ on the blank screen) to continue using CSI.

SECTION 2 – CONNECTING TO JURISDICTION C

To begin the sign on process, you must first establish a connection between your personal computer and the Jurisdiction C host system. In order to establish this connection, you will need a communication software package (i.e., Passport). If you are using vendor software, you should have the software necessary to establish the host connection. Check with your vendor first if you have any questions on establishing a CSI host connection.

Signing On

Once you have successfully connected with the Jurisdiction C host system, a CICS screen will display and your cursor will be positioned for entry at the top left of the screen. Type the command **CSSN** and press **ENTER**. The screen shown in Figure 1 will display.

```
TS00P420 - TS00M42        Blue Cross and Blue Shield of SC        03/08 14:44

Type your userid and password:

Userid ================>
Password ==============>

New Password =========>
Verify New Password ==>


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WARNING: THE COMPUTER APPLICATIONS YOU ARE ABOUT TO ACCESS ARE PROTECTED BY
COPYRIGHT LAW AND INTERNATIONAL TREATIES. UNAUTHORIZED DUPLICATION OR DISTRI-
BUTION OF THE APPLICATIONS, OR ANY PORTION OF THEM, MAY RESULT IN SEVERE CIVIL
PENALTIES, AND WILL BE PROSECUTED TO THE MAXIMUM EXTENT POSSIBLE UNDER THE LAW.
DATA CONTAINED IN THIS SYSTEM IS CONFIDENTIAL AND PROPRIETARY. USE OF THIS
DATA FOR OTHER THAN LEGITIMATE BUSINESS PURPOSES AUTHORIZED BY BCBS OF SC WILL
BE PROSECUTED.

PF 3=End
```

Figure 1 – CICS Sign On Screen

Note: The following steps will be used each time you sign on to the Jurisdiction C host system; however, the password will be changed during the initial sign on to a personalized password. You should begin using that password each time you sign on and discontinue using the default password assigned in Step 2.

1. Type the RACF Number assigned to you by Jurisdiction C in the **Userid** field and press **TAB**.
2. In the **Password** field, type in your password.
   a. If this is your first time signing on…
      i. Type in the default password provided on the Jurisdiction C Claim Status Inquiry Report labeled "Password." Press **ENTER**. (**Note:** The cursor will not move as you type.)
      ii. The cursor will move to the **New Password** field. Type a new "personal" password in this field (be sure to read the instructions on password requirements displayed at the bottom of the screen) and press **TAB**.
      iii. With your cursor in the **Verify New Password** field, type your new password again and press **ENTER**.
   b. If you have previously signed on…
      i. Type in your personal password and press **ENTER**.

ii. If you are required to change your password (i.e., after 30 days), the cursor will jump to the **New Password** field. Type in a new password and press **TAB**. Retype your new password in the **Verify New Password** field and press **ENTER**.

3. When you have completed the sign on steps, you should receive a message stating that your sign on is complete. *Note*: A User Survey screen may display upon completion of the sign on process. Press **ESC** to clear your screen. You are now ready to begin claim status inquiry from the blank screen.

Password Security

- To ensure privacy, your password will not display on your screen as you type.
- Should you forget your password or need help resetting your screen, call the JCEDI Technology Support Center toll-free at 1-888-613-9271 Monday through Friday from 8:00 a.m. to 5:00 p.m. (EST).

MONTHLY PASSWORD EXPIRATION

To enhance system security, all passwords expire every 30 days. In addition, you must make at least 12 password changes before you can repeat a previously used password.

OPTIONAL PASSWORD CHANGES

You may also change your password at any time if you feel that your current password has been compromised. Follow these steps:

1. After entering your Userid and current password, press **TAB** (**do not** press ENTER). The cursor will jump to the **New Password** field.
2. Type in your new password. When you are done typing, press **TAB**.
3. The cursor will now be positioned at the **Verify New Password** field. Type in your new password again. When you are done typing, press **ENTER**.

REVOKED PASSWORDS

Passwords may be revoked if three attempts to sign on are made using an incorrect password. If your password has been revoked, you will receive a notice that it has been revoked when you attempt to log in. Please call the JCEDI Technology Support Center toll-free at 1-888-613-9271 for assistance.

If Your Sign On Attempt Is Unsuccessful

If you complete the sign on steps as outlined in the *Signing On* information in this section and you receive the screen message "INVALID SIGN-ON ATTEMPT," perform the following:

1. Press **ESC** to clear your screen.
2. Type **CSSN** and press **ENTER**. The CICS Sign On Screen (shown in Figure 1) will display again.
3. Re-enter the information as outlined in the *Signing On* information in this section. Double-check all typed information. On the password fields, where the characters do not display as you type, be sure to pay careful attention to what is entered.

After three unsuccessful sign on attempts, your RACF Number will be deactivated and the message "USER ID HAS BEEN REVOKED" will display. Call the JCEDI Technology Support Center toll-free at 1-888-613-9271 to ask for assistance to have your CSI password reset.

If, after having your password reset, you continue to have problems signing on, call the JCEDI Technology Support Center and ask for Technical Support.

SECTION 3 – GETTING STARTED

After signing onto the Jurisdiction C host system, you will see a blank screen from which you can access all CSI functions. Just type one of the following commands onto the blank screen and press ENTER:

- **VPIQ**—Brings up the **Provider Claims Display Selection Screen** (for access to general and pending claim information and beneficiary eligibility, see additional information on this command below)
- **PAME** (pronounced like "pay me")—Brings up the **Financial Status Inquiry Screen**
- **CSSF LOGOFF**—To exit the CSI system

Command VPIQ – Provider Claims Display Selection Screen

To access the first three functions of CSI (general claim information, pending claim information, and beneficiary eligibility information), type **VPIQ** on the blank screen and press ENTER. The Provider Claims Display Selection Screen (Figure 2) will display.

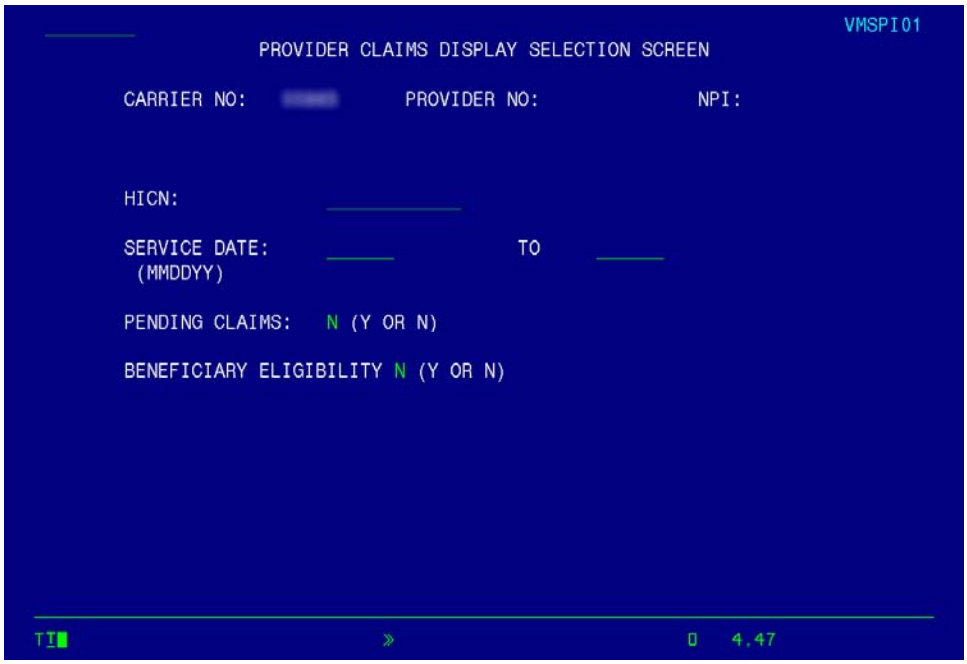

Figure 2 – Provider Claims Display Selection Screen (Menu)

Note: *If, after you have typed* **VPIQ** *and pressed* ENTER*, you receive the screen message "*OPERATOR ACCESS DENIED*," press* ESC *if you are using Passport to clear your screen and try again. If you receive the same error message, document the error message and call the JCEDI Technology Support Center toll-free at 1-888-613-9271.*

In the Provider Claims Display Selection Screen, use the TAB key to move between fields as you enter information. The entry fields on this screen are described in the following table. **Please note that you must enter your 10-digit Medicare supplier number in the PROVIDER NO field to access information on this screen.**

Provider Claims Display Selection Screen	
Field Name	**Description**
PROVIDER NO	Enter your 10-digit Medicare supplier number.

Provider Claims Display Selection Screen	
Field Name	**Description**
HICN	The patient's Medicare number or a Railroad Retirement Number. Entering both the supplier number and the HICN lets you inquire about claims for a specific patient.
SERVICE DATE	The date(s) when service was provided. On the two lines, enter the "FROM" and "TO" dates on which the service was rendered. Be sure to type the service date in the MMDDYY format specified. For example, services rendered on June 3, 1999 would be typed as 060399. If the "FROM" and "TO" dates are the same, you may skip the "TO" date.
PENDING CLAIMS	To access all pending claim information, enter a "Y" in this field.
BENEFICIARY ELIGIBILITY	To access beneficiary eligibility information, enter a "Y" in this field.

From the Provider Claims Display Selection Screen, to access:

- General claim information—Enter data into the **Provider No** field and the **HICN** and/or **Service Date** fields (see Section 4 for additional information).
- Pending claim information—Enter data into the **Provider No** field and **Pending Claims** field (see Section 5 for additional information).
- Beneficiary eligibility information—Enter data into the **Provider No** field, **HICN** field and the **Beneficiary Eligibility** field (see Section 6 for additional information).

Commands PAME

For information on accessing the Financial Status Inquiry (PAME), please refer to the following section in this manual.

SECTION 4 – ACCESSING GENERAL CLAIM INFORMATION

This section of the manual deals with obtaining general claim information through the CSI function. This function provides the following information about electronic claims submitted during the past six months:

- Paid or denied claims.
  Note: CSI does not display payment amounts for non-assigned claims.
- Claims not paid due to full payment by other insurance(s) or deductible requirements.
- Claims electronically transferred to another DMERC for processing.
  Note: These claims do not display after 45 days.
- Pending claims (claims not resolved or processed completely).

The Provider Claims Display Selection Screen (see *Section 3 – Getting Started*) allows you to select claims for status inquiry based on the following criteria:

- Provider/Supplier number (**required** for general claim information)
- Patient's Medicare number (Health Insurance Claim Number or HICN)
- Specific dates of service

The criteria entered on the Provider Claims Display Selection Screen (see Figure 2) will determine what general claim information will display. As long as the supplier number is entered correctly, you may enter information in any of the remaining fields, in any combination that you choose. The more information you enter in the fields displayed, the more specific your search will be. After completing the fields needed for the information you want, press **ENTER**.

Note: *The supplier number entered on this screen **must** be correct in order for the next screen to display the requested information. If the supplier number was not typed correctly or if there are no claims in the system under this supplier number, the screen shown in Figure 3 will display.*

```
                    PROVIDER CLAIMS DISPLAY SCREEN                    VMSPI02


CARRIER NO:  nnnnn                                  PROVIDER NO:  nnnnnnnnnn









NO MORE RECORDS TO DISPLAY
```

Figure 3 – Provider Claims Display Screen with No Records

Press **ESC** to clear this screen. A blank screen will display. Type **VPIQ** and press **ENTER** to return to the Provider Claims Display Selection Screen.

The Provider Claims Display Screen

After entering the correct supplier number and pressing **ENTER**, the Provider Claims Display Screen (Figure 4) will display. This screen is a claims status screen, and may display multiple claims.

PROVIDER CLAIMS DISPLAY SCREEN
VMSPI02
CARRIER NO:
PROVIDER NO:
NPI:
HICN: NAME: DOB: SEX:
CCN: TOTAL SUBM. CHG: $650.00 PD PROV: $269.86
CAT: F1 FINALIZED PAY TYPE: CHK CHK/EFT DT: 01/03/2007
STAT DT: 12/27/2006 STAT: 65 CLAIM HAS BEEN PAID
FROM TO PROC CODE SVC SUBMITTED REND PROV PAYTO PROV LN
12/07/06 12/07/06 E0627NUKX 1 $650.00 0310840001 $269.86 1
LN CTRL NBR: 01
HICN: NAME: DOB: SEX:
CCN: TOTAL SUBM. CHG: $84.69 PD PROV: $59.10
CAT: F1 FINALIZED PAY TYPE: CHK CHK/EFT DT: 11/27/2006
STAT DT: 11/16/2006 STAT: 65 CLAIM HAS BEEN PAID
FROM TO PROC CODE SVC SUBMITTED REND PROV PAYTO PROV LN
10/31/06 11/29/06 A4253NUKS 2 $84.69 0310840001 $59.10 1
LN CTRL NBR: 638756.5.1
-ENTER/PF8=NEXT PF7=TOP PF3=MENU CLEAR=QUIT
TI
0 1.2

Figure 4 – Provider Claims Display Screen

The Provider Claims Display Screen lists claim information that meets the qualifying criteria entered on the Provider Claims Display Selection Screen. The fields on this screen (defined left to right, top to bottom) are described in the following table:

Provider Claims Display Screen	
Field Name	**Description**
HICN	This is the patient's Medicare number (composed of the patient's social security number preceded or followed by a suffix) or a Railroad Retirement Number. This number identifies the patient.
NAME	The beneficiary's full name.
DOB	The beneficiary's date of birth.
SEX	The beneficiary's sex.
CCN	Jurisdiction C's internal claim control number.
TOTAL SUBM CHG	Total of all submitted charges for this claim.
PD PROV	The total amount paid to the supplier. An amount displays only for assigned claims. If the claim is non-assigned, "NONASSIGNED" displays in this field.
CAT	277 category code and verbiage. Refer to the WPC Web site (www.wpc-edi.com) for a complete list of category codes.
PAY TYPE	Type of payment. Valid values are: ACH = EFT payment CHK = Check NON = Non-payment
CHK/EFT DT	Check date or EFT effective date. Must be in MM/DD/CCYY format.
STAT DT	277 Claims Status Date. Must be in MM/DD/CCYY format.

Provider Claims Display Screen	
Field Name	**Description**
STAT	277 Claim Status Code and verbiage for default 277 claim status values. If the 277 category code begins with A (acknowledged), P (pending), or F (finalized), the default 277 claim status code and verbiage are: 0 = Cannot provide further status electronically 3 = Claim has been adjudicated and is waiting pay cycle 9 = No payment will be made for this claim 16 = Claim has been forwarded to entity 18 = Entity received claim but returned invalid status 20 = Accepted for processing 45 = Awaiting benefit determination 55 = Claim assigned to an approver/analyst 65 = Claim has been paid 98 = Charges applied to deductible 116=Claim submitted to incorrect payer For all other 277 claim status code values, the STAT field displays XXX = Text not available. Refer to the WPC Web site (www.wpc-edi.com) for a complete list of 277 category and status codes.
FROM / TO	Beginning and ending date(s) of service. Must be in MM/DD/YY format.
PROC CODE	This procedure code (as entered on the claim) references the service(s) rendered.
SVC	The number of days or units.
SUBMITTED	Charges submitted with the claim for services rendered.
REND PROV	The rendering provider (supplier) number.
PAYTO PROV	Amount paid to the rendering provider.
LN CTRL NBR	Line Item Control Number.

To navigate the list of claims displayed, use the following functions:

Keystroke(s)	System Response
CTRL and C	Clears the current screen
ESC	Clears the current screen
F3	Return to the Provider Claims Selection Screen
F7	Return to the first screen of listed claims
F8 or ENTER	Pages forward through screens of claims Note: You cannot "scroll" back to a previous screen of claims.

SECTION 5 – ACCESSING PENDING CLAIM INFORMATION

The Pending Claim Information function provides details about pending assigned claims, including the check date and estimated mailing date. It does not include information on a claim if a check for that claim has already been mailed or if the claim has been denied. Pending assigned claims fall into three categories:

1. Claims waiting for information from the Common Working File (CWF) (such as grandfathered Certificates of Medical Necessity or patient eligibility) before they can be processed.
2. Claims that are processed with check mailings pending.
3. Claims that require additional information or review to complete processing, such as medical or utilization review, development letters, etc.

Provider Pending Inquiry System Screen

To access pending claim information, enter **Y** in the **PENDING CLAIMS** field of the Provider Claims Display Selection Screen (Figure 2). You do **not** have to enter a supplier number. Press **ENTER** and the Provider Pending Inquiry System Screen (Figure 5) will display.

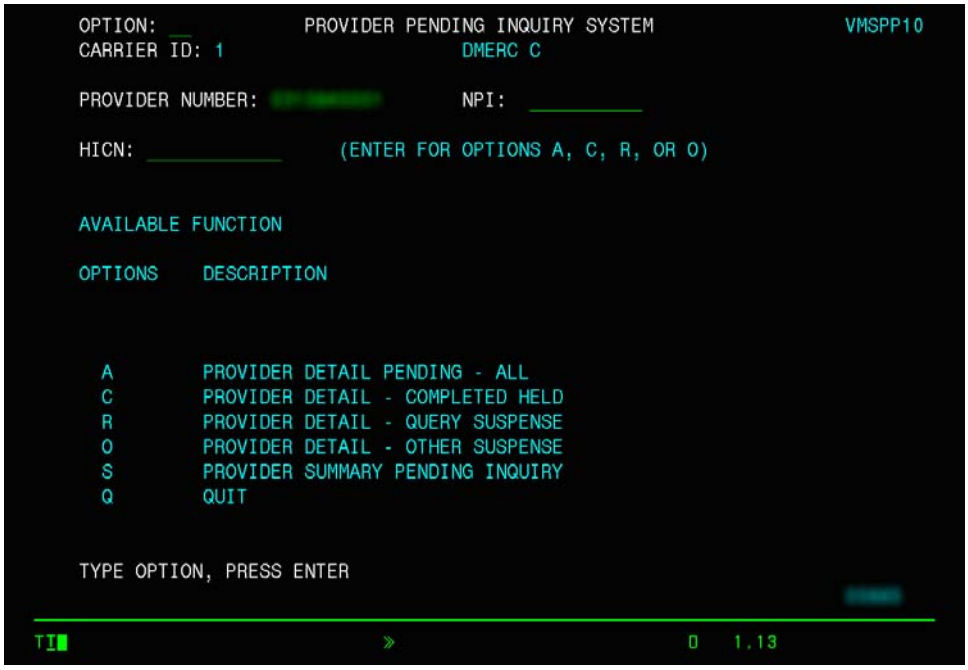

Figure 5 – Provider Pending Inquiry System Screen

You can access all screens for pending assigned information from the Provider Pending Inquiry System Screen. You can also access information about the HICN, sex, and address of your patients/customers. The entry fields on this screen are described in the following table:

Provider Pending Inquiry System Screen	
Field Name	**Description**
OPTION	The available functions (other screens) that you can access. Valid options are: A = **Provider Detail Pending - All Pended Claims**: This option shows all types of pending claims. To see all the pending claims for a patient, enter that patient's HICN in the **HICN** field. C = **Provider Detail - Completed Held Claims**: This option displays all processed claims awaiting payment. To see claims of this type only for a patient, enter that patient's HICN. R = **Provider Detail - Query Suspense**: This option displays all claims awaiting information from the Common Working File, such as patient eligibility or grandfathered CMN information. To see claims for a patient, enter that patient's HICN.
OPTION (cont.)	O = **Provider Detail - Other Suspense**: This option displays claims pending for reasons other than those listed above (e.g., medical review). Enter a HICN for a display of claims for a patient. S = **Provider Summary Pending Inquiry**: This option is very useful and a good starting place to begin your query of pending claims. This screen displays the total number of pending claims, the total submitted amount outstanding, and the number of claims in each pending category (C, R, and O). After you see which categories contain your pending claims, you can access those categories directly from the Provider Summary Pending Inquiry Screen (see below). Q = **Quit**: Takes you back to the Provider Claims Display Section Screen.
CARRIER ID	Enter nothing in this field.
PROVIDER NUMBER	Enter your supplier number. You **must** enter this number to access other screens.
HICN	Enter a HICN for pending claim information on a patient. If there are no pending claims for the HICN that you entered, the screen message "NO MATCHES FOUND FOR ENTERED SELECTION" will display.

PROVIDER DETAIL PENDING SCREENS

The other pending screens you can access by entering options **A**, **C**, **R** or **O** in the **OPTION** field are called the Provider Detail Pending screens. They all have the same screen layout; options **C**, **R** and **O** provide more detailed information about your claims by pending category, while option **A** displays claims from *all* pending categories. You can access any of the Provider Detail Pending screens from the Provider Pending Inquiry System Screen (Figure 5) or from the Provider Summary Pending Inquiry Screen (Figure 10).

Provider Detail Pending - All Pended Claims (Option A)

The Provider Detail Pending - All Pended Claims Screen (Figure 8) displays a list of all claims that are pending *for any reason*. The screen can be accessed from the Provider Pending Inquiry System Screen or the Provider Summary Pending Inquiry Screen by entering **A** in the **OPTION** field and a specific HICN in the **HICN** field. The **PAID** field of the Provider Detail Pending - All Pended Claims Screen (Figure 6) may contain information from the Provider Detail Pending - Completed Held Claims Screen.

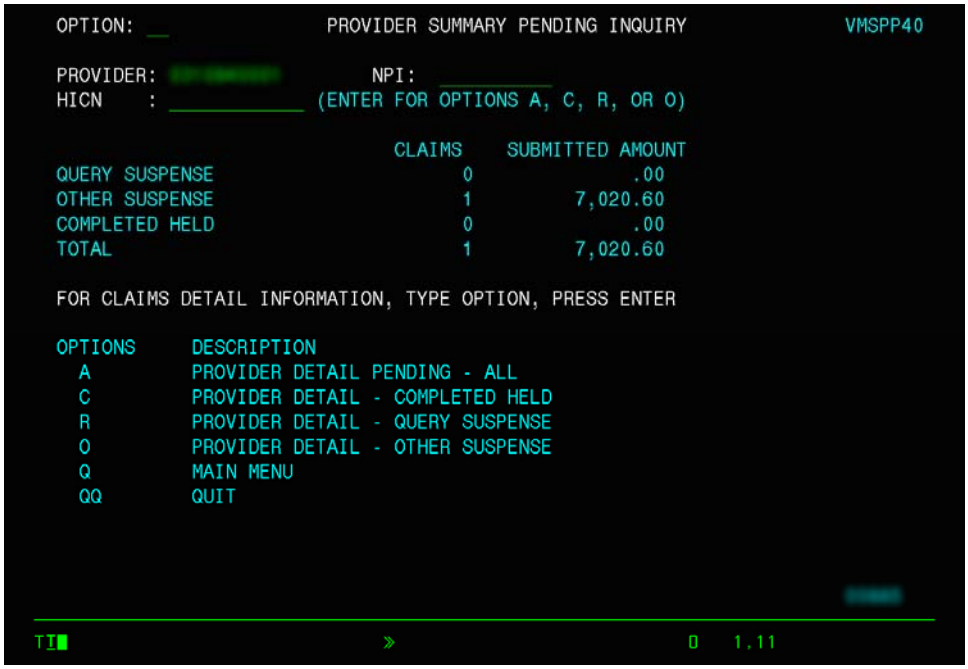

Figure 6 – Provider Detail Pending - All Pended Claims Screen

Provider Detail - Completed Held Claims (Option C)

To access the Provider Detail Pending - Completed Held Claims Screen (Figure 7), enter **C** in the **OPTION** field on the Provider Pending Inquiry System Screen or the Provider Summary Pending Inquiry Screen and press **ENTER**.

```
OPTION: __              PROVIDER DETAIL PENDING INQUIRY              VMSPP50
                              COMPLETED HELD CLAIMS
  PROVIDER: nnnnnnnnnn
  BENEFICIARY:
  H: nnnnnnnnnnnn NM: THOMPSON             PAUL       B  DOB: 11/14/1935 SEX: M

  TOTALS: CLAIMS       2  SUB       150.00  PAID         .00

 CLAIM NUMBER     SUBMITTED  PAYTO PROV  277 CD  STAT DATE DESCRIPTION
 97165860018000      100.00  $$$,$$0.00  XX/XXX 00/00/0000 <---------------->
 97166836688000       50.00  $$$,$$0.00  XX/XXX 00/00/0000


  277 CATEGORY LEGEND: AX - ACKNOWLEDGED   PX - PENDING   FX - FINALIZED
  TYPE OPTION, PRESS ENTER KEY:
  F-FORWARD               B-BACKWARD          P-ANOTHER PROVIDER
  H-ANOTHER HICN          S-SUMMARY           Q-MAIN MENU       QQ-QUIT

 MORE PAGES TO VIEW                                                  00885
```

Figure 7 – Provider Detail Pending - Completed Held Claims Screen

This screen lists all assigned claims that have been paid and an estimated mailing date for the payment. Please note that according to CMS guidelines, payment for electronic claims cannot be issued until 14 days after the claim was received. The waiting period for paper claims is 27 days. This period is called the payment floor.

Claims that have been denied or for which there was no payment (because of deductible requirements or full payment by other insurance) are **not** shown on this screen. The remittance notices for these types of claims are mailed immediately—there are no "holding" requirements.

Provider Detail Pending - Query Suspense (Option R)

The Provider Detail Pending - Query Suspense Screen (Figure 8) will display when you enter **R** in the **OPTION** field of the Provider Pending Inquiry System Screen or the Provider Summary Pending Inquiry Screen. You must also enter a HICN number in the **HICN** field. Claims listed are those awaiting information from the Common Working File (CWF) to complete processing. Information provided by the CWF includes patient eligibility or grandfathered CMN information.

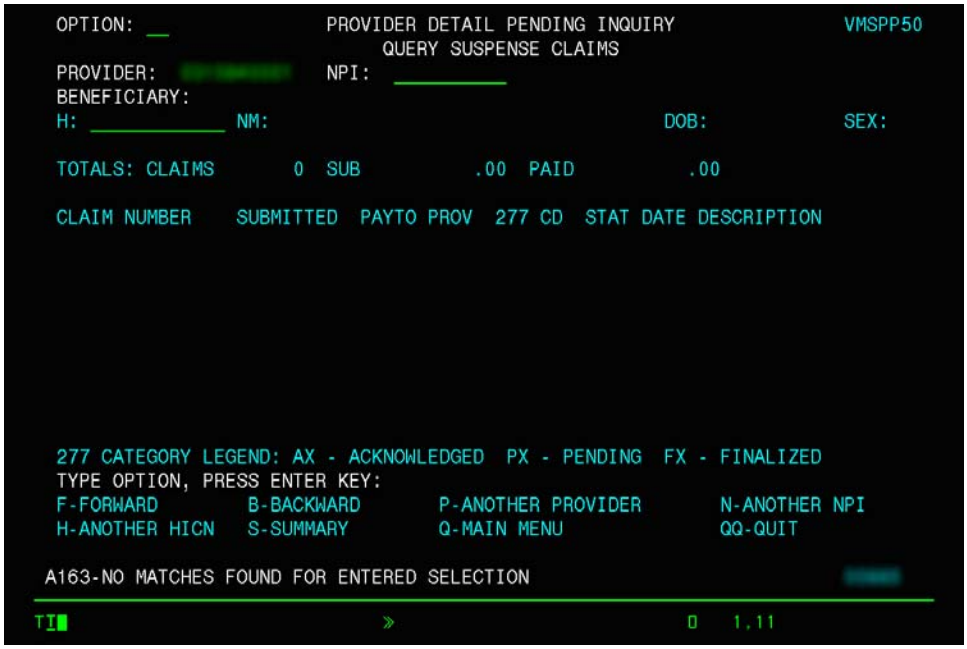

Figure 8 – Provider Detail Pending - Query Suspense Screen

Provider Detail Pending - Other Suspense (Option O)

The Provider Detail Pending Inquiry - Other Suspense Screen (Figure 9) will display when you enter **O** in the **OPTION** field of the Provider Pending Inquiry System Screen or the Provider Summary Pending Inquiry Screen. You must also enter a specific HICN number in the **HICN** field.

Claims on the Provider Detail Pending - Other Suspense Screen may be pending for medical review or additional information needed from the supplier, patient, or physician. The screen does ***not*** display pending claims processed and awaiting payment or those waiting for information from the Common Working File (CWF).

The Provider Detail Pending - Other Suspense Screen (Figure 9) shows the layout and fields for all the Provider Detail Pending screens (options **A**, **C**, **R** and **O**). Field descriptions can be found in the table following Figure 9.

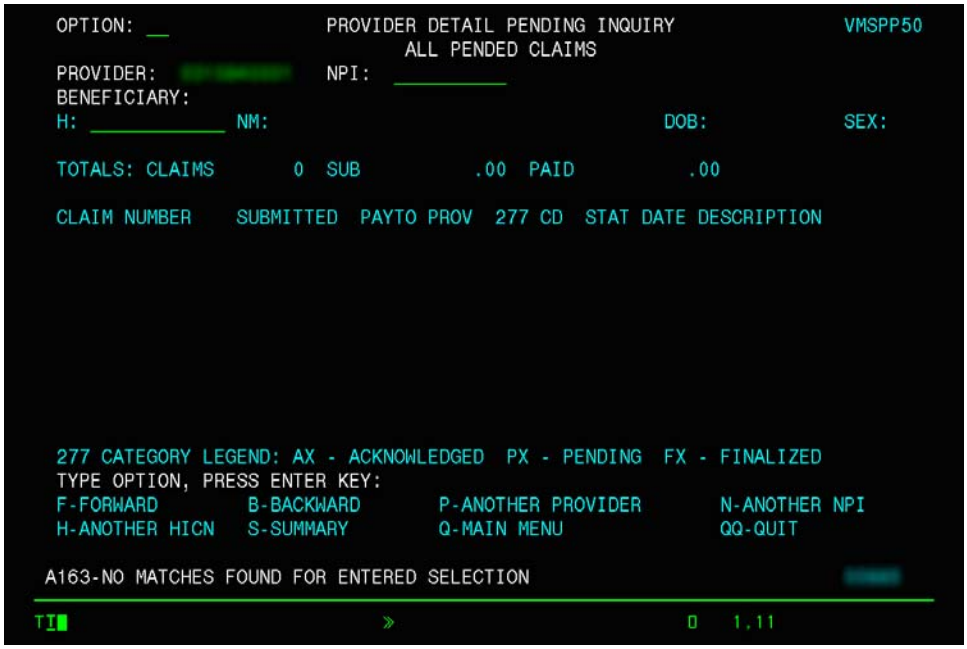

Figure 9 – Provider Detail Pending - Other Suspense Screen

Provider Detail Pending Screens	
Field Name	**Description**
H	The beneficiary's HICN.
NM	Beneficiary's full name. (Last name, first name, and middle initial)
DOB	Beneficiary's date of birth.
SEX	Beneficiary's sex.
TOTALS: CLAIM	The total number of claims in this pending category.
TOTALS: SUB	The total submitted charges for these claims.
TOTALS: PAID	The total amount paid on the allowed amount for these claims.
CLAIM NUMBER	The internal claim number assigned by Jurisdiction C for each claim.
SUBMITTED	The submitted charge for each claim listed.
PAYTO PROV	Amount paid to the rendering provider.
277 CD	277 category code, followed by the 277 claim status code. Valid 277 category codes are: AX = Acknowledged PX = Pending FX = Finalized For a list of 277 claim status codes and default verbiage for each, see the DESCRIPTION field or refer to the WPC Web site (www.wpc-edi.com).
STAT DATE	277 Claims Status Date. Must be in MM/DD/CCYY format.

Provider Detail Pending Screens	
Field Name	**Description**
DESCRIPTION	Verbiage for default 277 claim status values. If the 277 category code is AK (acknowledged), PX (pending), or FX (finalized), the default 277 claim status code and verbiage are: 0 = No further stat elec 3 = Claim adj/wait pay cycle 9 = No payment for claim 16 = Claim forwarded 18 = Claim received/inv sta 20 = Accepted 45 = Awaiting benefit det 55 = Claim assigned/analy 65 = Claim has been paid 98 = Change applied deductible 116= Claim subm/wrong payer For all other 277 claim status code values, the claim status portion of the 277 CD field displays XXX and the **DESCRIPTION** field displays "Text not available." For a complete list of 277 category and status codes, refer to the WPC Web site (www.wpc-edi.com).
OPTIONS	The options for moving around all pending claims screens are similar. You must press **ENTER** after selecting an option. Valid options are: F = Scrolls forward to the next page. **Note:** When you scroll forward, the last line of claim information on the displayed screen will be the first line of claim information on the next page. B = Scrolls back to the previous page. P = Enter **P** in the **OPTION** field and another supplier number in the **PROVIDER** field to access the same type of pending claims for a new supplier. H = Enter **H** in the **OPTION** field and another HICN in the **HICN** field to access the same category of pending claims for another patient. If there are no pending claims for the HICN that you entered, the screen message "NO MATCHES FOR ENTERED SELECTION" will display. S = Accesses the Provider Summary Pending Inquiry Screen. Q = Returns to the Provider Pending Inquiry System Screen. QQ= Returns to the Provider Claims Display Selection Screen.

You will not see data in the **PAID** field on this screen or on the Provider Detail Pending - Query Suspense Screen. Once claims are paid, they are displayed on the Provider Detail Pending - Completed Held Claims Screen until checks are mailed.

PROVIDER SUMMARY PENDING INQUIRY SCREEN (OPTION S)

Viewing the Provider Summary Pending Inquiry Screen when you first begin checking the status of claims may save you telephone line charges because:

- You can find out quickly if you have any pending claims.
- You do not incur extra telephone line charges from using options and looking at screens that do not contain information for you.
- You can see at a glance what other screens (functions) you need to access to find out more detail about your pending claims (e.g., actual claims and HICNs).

Enter your supplier number in the **PROVIDER** field and **S** in the **OPTION** field on the Provider Pending Inquiry System Screen (see Figure 5) and press **ENTER**. The Provider Summary Pending Inquiry Screen (Figure 10) will display.

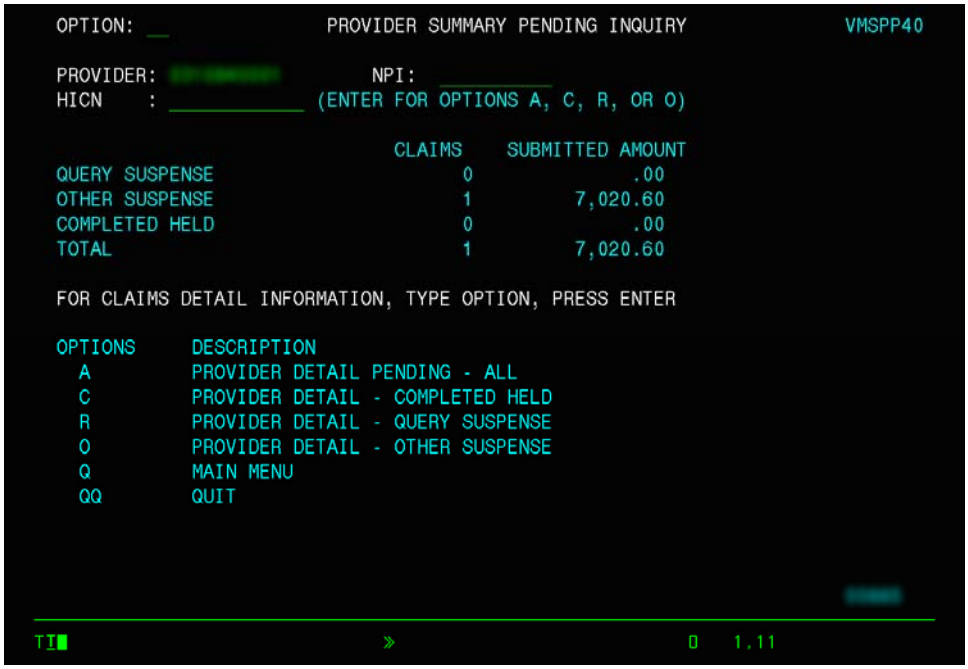

Figure 10 – Provider Summary Pending Inquiry Screen

This screen displays the total number of claims pending by category and the total outstanding submitted amount for these claims. You can access any of the other pending screens directly from this screen by typing **A**, **C**, **R** or **O** in the **OPTION** field and pressing **ENTER**.

SECTION 6 – BENEFICIARY ELIGIBILITY INQUIRY

The Beneficiary Eligibility option allows CSI-enrolled DMERC suppliers and their authorized billing agents to access beneficiary eligibility data. This is *confidential* information, subject to penalties and fines up to $5,000 under the Privacy Act for illegal disclosure. Beneficiaries eligible for DMERC must be entitled to Medicare Part B benefits.

The data is also subject to change, and should be considered valid only at the time of inquiry. While information for Medicare Part B, Health Maintenance Organizations (HMOs), and Medicare Secondary Payor (MSP) is the most recent at our disposal, suppliers should always develop for the most up-to-date information.

Note: *The fact that eligibility information is not found for a particular beneficiary does not necessarily mean that the person is ineligible for Medicare. Likewise, you may find data for a beneficiary who currently is not eligible for Medicare. The* ***ultimate*** *determination of a beneficiary's Medicare eligibility can only be determined when submitting a claim for that person.*

Eligibility System Inquiry by Providers Screen

You can access the beneficiary eligibility information from the Provider Claims Display Selection Screen (see Figure 2). Enter your ten-digit Medicare supplier number in the **PROVIDER NO** field, the HICN in the **HICN** field and a **Y** in the **BENEFICIARY ELIGIBILITY** field and press **ENTER**.

The Inquiry by Providers screen (Figure 11) will display. To use this inquiry function, you must enter the following six required fields: HIC Number, Surname, Initial, Date of Birth, Carrier Number, and Provider Number. Use the **TAB** key to move between fields. The initial inquiry fields are described in the table following Figure 11.

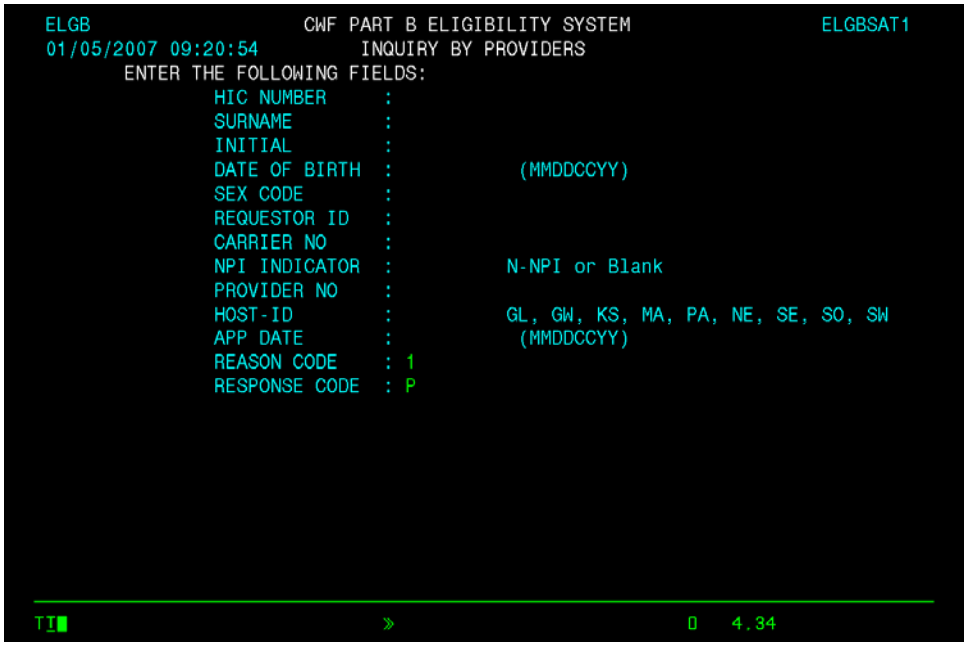

Figure 11 – Inquiry by Providers Screen

Inquiry by Providers Screen	
Field Name	**Description**
Required Fields	
HIC NUMBER	Enter the beneficiary's Medicare number.

Inquiry by Providers Screen	
Field Name	**Description**
SURNAME	Enter the last name of the beneficiary, up to six characters.
INITIAL	Enter the first letter of the beneficiary's first name.
DATE OF BIRTH	Enter the beneficiary's date of birth in MMDDCCYY format.
CARRIER NO	Enter the number identifying the carrier processing the claim. Jurisdiction C's carrier number for JCEDI is 18003.
PROVIDER NO	Enter the number assigned by Medicare to the provider rendering medical services to the beneficiary.
Optional Fields	
SEX CODE	Enter the beneficiary's sex. Valid values are: M = Male F = Female
REQUESTOR ID	Enter the identification number/name of the person submitting the inquiry (up to four alphanumeric characters).
NPI INDICATOR	Enter the National Provider Identifier or leave the field blank.
HOST - ID	This field defaults to the local host (unless otherwise specified), against which the inquiry is processed. If you receive the error "`BENE-ERROR, BENEFICIARY RECORD NOT FOUND`," it is most likely that the beneficiary is not located at the local host. Enter another host ID, other than the local host, and perform the inquiry again. Valid values include: GL = Great Lakes GW = Great Western KS = Keystone MA = Mid-Atlantic PA = Pacific NE = Northeast SE = Southeast SO = South SW = South Western
APP DATE	Enter the date that the beneficiary was admitted into the hospital in MMDDYYCC format.
REASON CODE	Enter the reason for the inquiry. The system defaults to "1." Valid values include: 1 = Status Inquiry (system default) 2 = Inquiry relating to an admission
RESPONSE CODE	Enter whether the inquiry is a test (actual test or CWF Test Inquiry) or production. The system defaults to "P." Valid values include: P = Production (system default) T = For testing purposes only X = CWF internal testing

After entering the required and optional information into the initial inquiry fields, press **ENTER** and the Beneficiary Information screen will display (Figure 12). Additional information (e.g., Hospice, Screening, and MSP information; Home Health Benefit Periods; Home Health PPS Episodes) can be accessed by paging forward and backward through additional screens. Press **PF8** to page forward and **PF7** to page backward through the screens. When you have completed your inquiry, press **PF1** to return to the Inquiry by Providers screen (see Figure 11), from which you can initiate a new inquiry. To exit ELGB, see "Exiting the Beneficiary Eligibility System (ELGB)" at the end of this section.

Field values for the Beneficiary Information screen are described in the table following Figure 12.

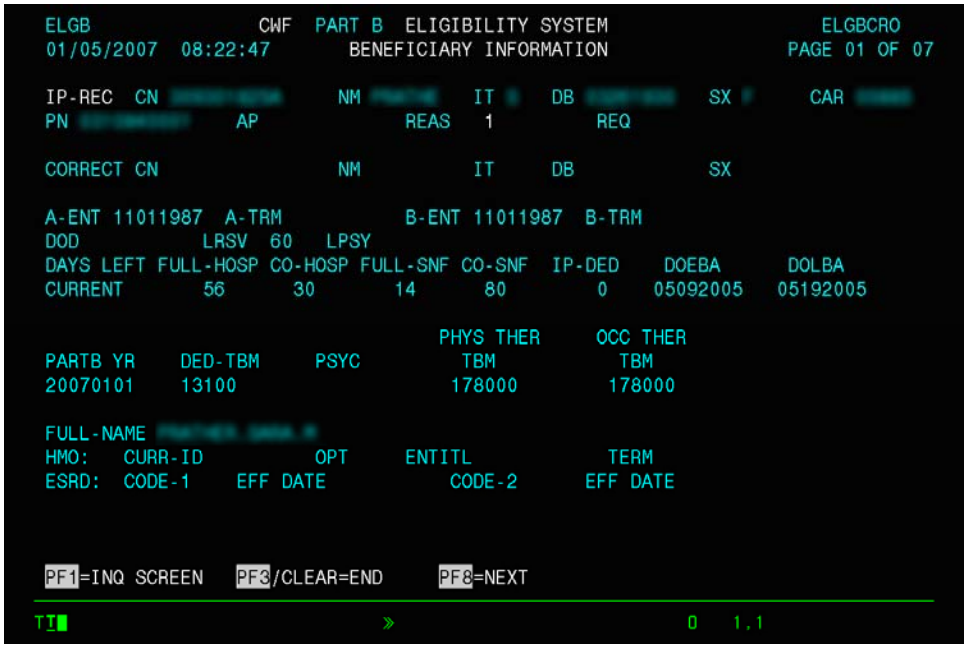
ELGB CWF PART B ELIGIBILITY SYSTEM ELGBCRO
01/05/2007 08:22:47 BENEFICIARY INFORMATION PAGE 01 OF 07
IP-REC CN NM IT DB SX CAR
PN AP REAS 1 REQ
CORRECT CN NM IT DB SX
A-ENT 11011987 A-TRM B-ENT 11011987 B-TRM
DOD LRSV 60 LPSY
DAYS LEFT FULL-HOSP CO-HOSP FULL-SNF CO-SNF IP-DED DOEBA DOLBA
CURRENT 56 30 14 80 0 05092005 05192005
PHYS THER OCC THER
PARTB YR DED-TBM PSYC TBM TBM
20070101 13100 178000 178000
FULL-NAME
HMO: CURR-ID OPT ENTITL TERM
ESRD: CODE-1 EFF DATE CODE-2 EFF DATE
PF1=INQ SCREEN PF3/CLEAR=END PF8=NEXT
TI
0 1,1

Figure 12 –Beneficiary Information Screen, CWF Information

* The character "n" represents numerical entries.

** The message on this line, "HIGHLIGHTED FIELDS DO NOT MATCH CMS FILE," will display when input data does not exactly match the CMS file. This referenced data will be highlighted on the Beneficiary Information Screen (note the DB field near the top of the screen in Figure 12).

Beneficiary Eligibility Inquiry Screen – Data from Inquiry Request	
Field Name	**Description**
CN	The beneficiary's Social Security, Health Insurance, or Railroad Board Number.
NM	The first six characters of the beneficiary's last name.
IT	First letter of the beneficiary's first name.
DB	The beneficiary's date of birth.
SX	The beneficiary's sex.
CAR	Identifies the carrier processing the claim. This should be 18003 for Jurisdiction C.
PN	The number assigned by Medicare to the provider rendering medical service to the beneficiary.
AP	Used for spell determination (i.e., admission date, current date), in MMDDCCYY format.
REAS	Indicates the reason for the inquiry. Values include: 1 = Status inquiry 2 = Inquiry relating to an admission
REQ	The Requestor ID, identifying the person submitting the inquiry.

Beneficiary Eligibility Inquiry Screen – Returned Fields	
Field Name	**Description**
CORRECT CN	Provides the corrected claim number. This field is only used if the HIC Number is incorrect.
NM	Provides the corrected name. This field is only used if the name is not consistent with CMS's record.
IT	Provides the corrected first initial of the first name. This field is only used if the name is not consistent with CMS's record.
DB	Provides the corrected date of birth. This field indicates the date of birth as contained in CMS's beneficiary record in MMDDCCYY format.

Beneficiary Eligibility Inquiry Screen – Returned Fields	
Field Name	**Description**
SX	Provides the corrected sex code. This field indicates the beneficiary's sex as contained in CMS's beneficiary record.
A-ENT	Date of entitlement to Part A benefits in MMDDCCYY format. May be zeros.
A-TRM	Date of termination of Part A entitlement in MMDDCCYY format. May be zeros.
B-ENT	Date of entitlement to Part B benefits in MMDDCCYY format. May be zeros.
B-TRM	Date of termination of Part B entitlement in MMDDCCYY format. May be zeros.
DOD	Date of beneficiary's death in MMDDCCYY format. May by zeros if actual day of death is unknown.
LRSV	Indicates the number of lifetime reserve days remaining.
LPSY	Indicates the number of lifetime psychiatric days remaining. This field displays if the provider number indicates that the requestor is a psych provider (there must be a "4" in the third digit of the provider number).
FULL-HOSP	Provides the number of inpatient days remaining to be paid at full benefit amount.
CO-HOSP	Provides the number of inpatient days remaining to be paid at the coinsurance benefit amount.
FULL-SNF	Indicates the number of Skilled Nursing Facility (SNF) days remaining to be paid at full benefit.
CO-SNF	Indicates the number of SNF days remaining to be paid at coinsurance benefit.
IP-DED	Indicates the amount of inpatient deductible remaining to be met.
DOEBA	The date of the earliest billing action for the spell of illness.
DOLBA	The date of the latest billing action for the spell of illness.
PART B YR	Indicates the most recent Part B year from the applicable date input field.
DED-TBM	This is the amount of the Part B cash deductible remaining to be met.
PSYC	Indicates the amount of psychiatric deductible used for the year.
PHYS THER TBM	Shows the physical therapy deductible used in the Part B year.
OCC THER TBM	Shows the occupational therapy deductible used in the Part B year.
FULL-NAME	Relates to the Full Name on the master HI record.
HMO: PER	A code that indicates that the individual has had 1, 2, or 3 (more than 2) periods of enrollment in an HMO.
CURR ID	The HMO Identification code.
OPT	The HMO Option Code describes the beneficiary's relationship with the HMO.
ENTITL	The HMO entitlement date in MMDDCCYY format.
TERM	The HMO termination date in MMDDCCYY format.
ESRD: CODE-1	A one-digit code that indicates whether End Stage Renal Disease (ESRD) covered services are reimbursed under method 1 or method 2.
EFF DATE	The date that ESRD benefits began in MMDDCCYY format.
CODE-2	The method of reimbursement for ESRD.
EFF DATE	The date that ESRD benefits began in MMDDCCYY format.

Error Messages

Note: *Please remember that the information found through the inquiry function does not necessarily mean that a person is eligible for Medicare. The ultimate determination of a beneficiary's Medicare eligibility can only be found when submitting a claim for that person.*

The following error messages may display at the bottom of any of the beneficiary eligibility screens:

Error	Message	Description
A002	INVALID HIC	You must enter the beneficiary's Medicare number in the **HIC Number** field.
A004	INVALID SURNAME	You must enter 6 characters of the beneficiary's last name.
A005	INVALID INITIAL	You must enter the first letter of the beneficiary's first name.
A006	INVALID DATE OF BIRTH	You must enter the beneficiary's date of birth in MMDDYYCC format.
A008	INVALID CARRIER NO	Enter a valid carrier number.
A009	INVALID PROVIDER NUMBER	Enter a valid provider number.
	BENE-ERROR, BENEFICARY RECORD NOT FOUND	The data entered did not find a match in the CMS data.
	HIC#, NAME, & 1 CHARACTERISTIC MUST MATCH CMS FIELD	The data entered in the HIC number and Name fields, and one additional characteristic (either the date of birth or the first initial) must match a CMS data file. Check your records and correct any invalid data.

Exiting the Beneficiary Eligibility System (ELGB)

To exit the Beneficiary Eligibility System (ELGB), press the PF3, PF4, PF12, PF15, PF16, PF24 or Clear Screen (ESC) key. The system will return you to a blank screen from which you can access all CSI functions. Just type one of the following commands onto the blank screen and press ENTER:

- **VPIQ**—Brings up the **Provider Claims Display Selection Screen** (for access to general and pending claim information and beneficiary eligibility, see additional information on this command below)
- **PAME** (pronounced like "pay me")—Brings up the **Financial Status Inquiry Screen**
- **CSSF LOGOFF**—To exit the CSI system

SECTION 7 – FINANCIAL STATUS INQUIRY

The Financial Status Inquiry screen displays the following about your last payments from Jurisdiction C:

- ♦ date of payment
- ♦ amount paid on this date
- ♦ number of checks in each payment

The screen also shows the number of claims and dollar amounts for claims that have completed processing and where payment is being held due to the 14- or 27-day payment floor. To access Financial Status information, complete the following steps:

1. From a blank screen, type **PAME** (pronounced "pay me") and press **ENTER**.
   Note: *If you have just dialed in and signed on with your RACF Number and password, you will be on a blank screen; or you can access a blank screen from the Provider Claims Display Selection Screen by pressing* **ESC** *to clear your screen.*
2. The Financial Status Inquiry Screen (Figure 13) will display.

```
                PALMETTO GOVERNMENT BENEFITS ADMINISTRATORS
                      DMERC FINANCIAL STATUS INQUIRY

SUPPLIER NUMBER:

AMOUNT PENDING ON PAYMENT FLOOR:        $0.00   # OF CLAIMS ON FLOOR:    0

                          CURRENT PAYMENT HISTORY

DATE:                 00/00/00          00/00/00         00/00/00

AMOUNT:                  $0.00             $0.00            $0.00

# CHECKS:                    0                 0                0

NOTE: MULTIPLE CHECKS CAN BE CUT ON ANY GIVEN DAY

ENTER SUPPLIER NUMBER AND PRESS ENTER
```

Figure 13 – Financial Status Inquiry Screen

3. Type in your ten-digit NSC supplier number in the **SUPPLIER NUMBER** field and press **ENTER**. The Financial Status Inquiry Screen will display.

```
                PALMETTO GOVERNMENT BENEFITS ADMINISTRATORS
                      DMERC FINANCIAL STATUS INQUIRY

SUPPLIER NUMBER: nnnnnnnnnn

AMOUNT PENDING ON PAYMENT FLOOR:  $123,649.00   # OF CLAIMS ON FLOOR: 844

                          CURRENT PAYMENT HISTORY

DATE:                 06/25/97          06/23/97         06/22/97

AMOUNT:              $2,244.15         $2,492.48       $41,851.28

# CHECKS:                    1                 1               13

NOTE: MULTIPLE CHECKS CAN BE CUT ON ANY GIVEN DAY

INFO DISPLAYED, KEY ANOTHER SUPPLIER OR CLEAR TO EXIT
```

Figure 14 – Sample Financial Status Inquiry Screen

Note: *If you enter an incorrect supplier number or a number for a supplier who has not filed assigned claims, the message "*`SUPPLIER NUMBER NOT FOUND. TRY AGAIN OR CLEAR TO EXIT`*" will display.*

A description of the fields in the Financial Status Inquiry Screen can be found in the following table:

Financial Status Inquiry Screen	
Field Name	**Description**
SUPPLIER NUMBER	The supplier number you are inquiring about.
AMOUNT PENDING ON PAYMENT FLOOR	The total payment amount being held for the 14-day or 27-day payment floor before payment is released.
# OF CLAIMS ON FLOOR	The actual number of claims on the payment floor.
CURRENT PAYMENT HISTORY	
DATE	The date payment was made in MMDDYY format.
AMOUNT	The total dollar amount for all payments released on that date.
# CHECKS	The number of checks released on the payment date displayed.

If you want to see the same information for another supplier, enter another supplier number in the **SUPPLIER NUMBER** field and press **ENTER**.

To exit the Financial Status Inquiry Screen, press **ESC**. At the blank screen, type in one of the following requests:

- **VPIQ—**To access another part of CSI
- **PAME—**To access the **Financial Status Inquiry Screen**
- **CSSF LOGOFF—**To exit the program

SECTION 8 – EXITING CSI

You must return to a blank screen before you exit CSI. Returning to a blank screen will depend on what function you have just performed. Follow the directions below to get a blank screen.

1. From any of the pending screens:
   a. Type **QQ** to return to the Provider Claims Display Selection Screen.
   b. Press ESC to clear your screen.
2. From the Provider Claims Display Screen:
   a. Press PF3 to get to the Provider Claims Display Selection Screen.
   b. Press ESC to clear your screen.
3. From the Financial Status Inquiry Screen:
   a. Press ESC to clear your screen.

To exit CSI from the blank screen, type **CSSF LOGOFF** and press ENTER.

Note: *If you are using vendor software, consult your vendor for instructions on how to exit Claim Status Inquiry.*